

CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 5/99)

1. CIR./DIST./DIV. CODE PRX		PERSON REPRESENTED MIGUEL A. RIVERA-SANTIAGO		VOUCHER NUMBER 050627000001	
3. MAG. DKT./DEF. NUMBER		DIST. DKT./DEF. NUMBER CV. 97-1557(RLA)		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) USA v. M.A. RIVERA-SANTIAGO		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Appeal <input type="checkbox"/> Petty Offense <input type="checkbox"/> Other		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Other <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee	
10. REPRESENTATION TYPE (See Instructions) APPEAL CC					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 21 USC 841					
REQUEST AND AUTHORIZATION FOR TRANSCRIPT					
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) APPEAL					
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). 05/11/05 AM 10 PM Evidentiary Hearing (Day II) (FTR)					
14. SPECIAL AUTHORIZATIONS					JUDGE'S INITIALS
A. Apportioned _____ % of transcript with (Give case name and					
B. <input checked="" type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Realtime Unedited Transcript					
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions					
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.					
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act. Rafael Angulo-Lopez 05/24/05 Signature of Attorney Date RAFAEL ANGULO-LOPEZ Printed Name Telephone Number: 187-525-1981 <input checked="" type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization			16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted. [Signature] Signature of Presiding Judicial Officer or By Order of the Court 6/8/05 Date of Order Nunc Pro Tunc Date		
CLAIM FOR SERVICES					
17. COURT REPORTER/TRANSCRIBER STATUS <input type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other			18. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS JO BOX 16067 JAMES ROHAN SANTURLE PK 00908 Telephone Number:		
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE 023-36-6673					
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED
Original	1-217	217	4-		868-
Copy					
Expense (Itemize)					
TOTAL AMOUNT CLAIMED: 868-					
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. [Signature] 6/21/05 Signature of Date					
ATTORNEY CERTIFICATION					
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. [Signature] Operations Manager JUN 27 2005 Signature of Attorney or Clerk Date					
APPROVED FOR PAYMENT — COURT USE ONLY					
23. APPROVED FOR PAYMENT [Signature] Signature of Judicial Officer or Clerk of Court			24. AMOUNT APPROVED 103		Date 5/16/06